

VOLUME 3  
**chapter**  
HEALTH AND HUMAN SERVICES

**8**

**A** Context

**1. Health Conditions and Health Care Access**

According to the United Health Foundation, Louisiana ranked 50th in the nation in 2008 for overall health, and has been ranked either 49th or 50th since 1990. It ranks in the bottom five states on 10 of 22 measures of overall health, including a high prevalence of obesity, a high percentage of children in poverty, a high rate of uninsured population, a high incidence of infectious disease, a low rate of high school graduation, and a high rate of preventable hospitalization.<sup>1</sup> A poll of New Orleans residents in August, 2009 revealed that only 9 percent of respondents thought that the quality and availability of health care in New Orleans was better than before Hurricane Katrina, while 62 percent thought that it was worse.<sup>2</sup>

Socioeconomic disparities in health outcomes are prevalent in New Orleans and pose an additional challenge. In spring 2008, uninsured New Orleans residents were statistically more likely to be low-income, in fair or poor health, and/or African American. Nineteen percent of economically disadvantaged adults in New Orleans ranked their health as fair or poor, as compared to 9 percent of those with better economic status. Compared to those with private insurance, New Orleans residents covered by Medicare or Medicaid were more than three times as likely to report their health as fair or poor, and residents who were low-income, African-American, and/or elderly were significantly more likely to have severe and chronic health problems. Former patients of the Medical Center of Louisiana at New Orleans (MCLNO/Charity Hospital), New Orleans' primary safety-net health care provider before Hurricane Katrina, were about 75% African-American and about 85% very low-income.<sup>3</sup>

Hurricane Katrina significantly damaged New Orleans' health care infrastructure, and resulted in a loss of both facilities and of personnel in the health care professions, including thousands of physicians—about a third of whom were primary care providers.<sup>4</sup> In 2008, a majority

of New Orleanians surveyed continued to have difficulties accessing health care.<sup>5</sup> However, as of 2008, the number of physicians per population for the New Orleans Metropolitan Area was greater than pre-Hurricane Katrina levels and greater than the national average, though area experts suggest that these

**TABLE 8.1: NUMBER OF PHYSICIANS PER RESIDENT IN THE NEW ORLEANS METROPOLITAN AREA PRE-HURRICANE KATRINA AND C.2008<sup>6</sup>**

	NUMBER OF MDS IN THE GREATER NEW ORLEANS METROPOLITAN AREA	RATE PER 100,000 POPULATION
Pre-Hurricane Katrina	2,400	239
c. August, 2008	1,800–2,000	256
National Average	—	237

1 United Health Foundation: <http://www.americashealthrankings.org/2008/results.html#Table1>. Retrieved February, 2009.

2 Council for a Better Louisiana. "New Orleans Voter Poll on Post-Hurricane Katrina and Public Education Issues." August 27, 2009. Available at: [www.cabl.org](http://www.cabl.org).

3 Kaiser Family Foundation. "New Orleans Three Years after the Storm: The Second Kaiser Post-Hurricane Katrina Survey, 2008." Appendix: Chart-pack. August, 2008. Available at: [www.kff.org](http://www.kff.org).

4 Williamson D. "Study shows Hurricane Katrina affected 20,000 physicians, up to 6,000 may have been displaced." Chapel Hill: University of North Carolina; 2005. In DeSalvo, Karen, et al. "Health Care Infrastructure in Post-Hurricane Katrina New Orleans: A Status Report." *The American Journal of the Medical Sciences*. August, 2008. Volume 336, Number 2.

5 Kaiser Family Foundation. "New Orleans Three Years after the Storm: The Second Kaiser Post-Hurricane Katrina Survey, 2008." Appendix: Chart-pack. August, 2008. Available at: [www.kff.org](http://www.kff.org).

numbers conceal a shortage of primary care physicians, psychiatrists, and certain subspecialties.<sup>6</sup> Projected future population growth should also be considered when evaluating per-population healthcare statistics to ensure that this ratio keeps pace with area population growth. **(See Chapter 2 for a discussion of projected population growth in New Orleans.)**

## HOSPITALS

Before Hurricane Katrina, the New Orleans metropolitan area was served by 78 state-licensed hospitals—including 23 in Orleans Parish—and had more hospital beds per population than the average across the country.<sup>8</sup> Despite widespread hospital closures due to Hurricane Katrina, as of August, 2008, the total number of hospital beds per population in the New Orleans region had again surpassed the national average,<sup>9</sup> and from the first to the third quarters of 2008, average hospital wait times showed a 24 percent decrease.<sup>10</sup> By January 2009, there were 52 hospitals in operation throughout the region, including 13 in Orleans Parish.<sup>11</sup> However, future population growth in the region will likely require additional capacity. One report estimates the projected additional demand in the region to be anywhere between around 760 to 1,400 beds by 2016, depending on a range of factors including health care reform and area population growth.<sup>12</sup>



**Ochsner Baptist Medical Center was among the first hospitals to re-open after Hurricane Katrina.**

**TABLE 8.2: NUMBER OF HOSPITAL BEDS PER RESIDENT IN THE NEW ORLEANS METROPOLITAN AREA PRE-HURRICANE KATRINA AND C.2008<sup>12</sup>**

	NUMBER OF STAFFED HOSPITAL BEDS IN THE GREATER NEW ORLEANS METROPOLITAN AREA	RATE PER 1,000 POPULATION
Pre-Hurricane Katrina	4,000	4.5
c. August, 2008	2,250	2.9
National Average	—	2.6

As of 2009, the Southeastern Regional Veterans Administration (VA) Hospital and the Louisiana State University Health Sciences Center (LSU) in New Orleans both plan to open new hospital facilities in the city as part of an enhanced medical district and biosciences corridor. It is expected that the completion of these plans would significantly increase the city's ability to provide more inpatient and chronic care and increased emergency

services. The 2009 Office of Recovery and Development Administration (ORDA) budget allocates \$75 million for site preparation for the VA Hospital site.<sup>14</sup> **(See Chapter 9—Sustaining and Expanding New Orleans' Economic Base for further discussion of the Medical District proposals.)**

6 DeSalvo, Karen, et al. "Health Care Infrastructure in Post-Hurricane Katrina New Orleans: A Status Report." *The American Journal of the Medical Sciences*. August, 2008. Volume 336, Number 2.

7 Ibid.

8 Brookings Institution and Greater New Orleans Community Data Center. "The New Orleans Index: Tracking the Recovery of New Orleans and the Metro Area." January, 2009. [www.gnocdc.org](http://www.gnocdc.org).

9 DeSalvo, Karen, et al. "Health Care Infrastructure in Post-Hurricane Katrina New Orleans: A Status Report." *The American Journal of the Medical Sciences*. August, 2008. Volume 336, Number 2.

10 City of New Orleans Budget Report, Third Quarter 2008. Available at: <http://www.cityofno.com/pg-45-6.aspx>. Retrieved June, 2009.

11 Brookings Institution and Greater New Orleans Community Data Center. "The New Orleans Index: Tracking the Recovery of New Orleans and the Metro Area." Appendix: Data Tables. January, 2009. [www.gnocdc.org](http://www.gnocdc.org).

12 Health Planning Source. "Medical Center of Louisiana—New Orleans Business Plan Review." Prepared for the Downtown Development District of New Orleans.

13 DeSalvo, Karen, et al. "Health Care Infrastructure in Post-Hurricane Katrina New Orleans: A Status Report." *The American Journal of the Medical Sciences*. August, 2008. Volume 336, Number 2.

14 2009 New Orleans Office of Recovery and Development Administration budget.

The Medical Center of Louisiana at New Orleans (MCLNO/Charity Hospital) was the region's primary safety-net provider of care for residents without insurance as well as a major teaching facility before Hurricane Katrina. Through the LSU and Tulane Schools of Medicine, Charity Hospital trained an estimated 70 percent of the physician workforce in Louisiana,<sup>15</sup> and treated over two-thirds of the region's uninsured residents, although the volume of patient visits to Charity had been declining before Hurricane Katrina.<sup>16</sup> As of June, 2009, Charity has not reopened, and LSU plans to eventually adapt its main hospital facility to another use.<sup>17</sup>

Methodist Hospital in New Orleans East has also not reopened as of 2009. The 2009 ORDA budget provides \$30 million for land acquisition and planning for the former Methodist Hospital site.<sup>18</sup>

In the City of New Orleans, geographic areas lacking convenient access to hospitals and emergency care include New Orleans East, Gentilly, parts of the West Bank, and the Ninth Ward.

The city's emergency medical service (EMS) and other emergency response infrastructure are discussed in **Chapter 10—Community Facilities and Infrastructure**.



***The Medical Center of Louisiana at New Orleans (MCLNO/Charity Hospital) was the region's primary safety-net provider of care for residents without insurance before Hurricane Katrina.***

## COMMUNITY CLINICS

In response to the dearth of major hospitals and other health care infrastructure post-Hurricane Katrina, a substantial network of neighborhood-based primary care clinics developed in New Orleans and continues to expand. Community clinics are operated by a broad array of organizations—including academia, government, faith-based, and Federally Qualified Health Centers (FQHCs)<sup>19</sup>—and offer services to patients with varying abilities to pay, including the indigent and uninsured. As of May, 2009, there were 58 community-based health care centers in the New Orleans metropolitan area, including:

- 35 primary health care clinics (18 in Orleans Parish)
- 15 behavioral health clinics
- 4 dental clinics
- 4 school-based health clinics.<sup>20</sup>



IMAGES: ST. THOMAS COMMUNITY HEALTH CENTER. WWW.STTHOMASCHC.ORG.

***St. Thomas Community Health Center in the St. Thomas/Lower Garden District area of New Orleans is among the largest and most comprehensive primary care facilities serving both insured and uninsured patients in the New Orleans area.***

15 DeSalvo, Karen, et al. "Health Care Infrastructure in Post-Hurricane Katrina New Orleans: A Status Report." *The American Journal of the Medical Sciences*. August, 2008. Volume 336, Number 2.

16 Annual report. 2005 [cited May 15, 2005]. Available at: [http://www.lsuohospitals.org/AnnualReports/2005/2005\\_AR.pdf](http://www.lsuohospitals.org/AnnualReports/2005/2005_AR.pdf). In DeSalvo, Karen, et al. "Health Care Infrastructure in Post-Hurricane Katrina New Orleans: A Status Report." *The American Journal of the Medical Sciences*. August, 2008. Volume 336, Number 2.

17 Health Planning Source. "Medical Center of Louisiana—New Orleans Business Plan Review." Prepared for the Downtown Development District of New Orleans.

18 2009 New Orleans Office of Recovery and Development Administration budget.

19 Federally Qualified Health Centers (FQHCs) are community-based organizations that provide care to all persons regardless of their ability to pay, and operate under supervision of the US Department of Health and Human Services.

20 Louisiana Public Health Institute, May 2009.



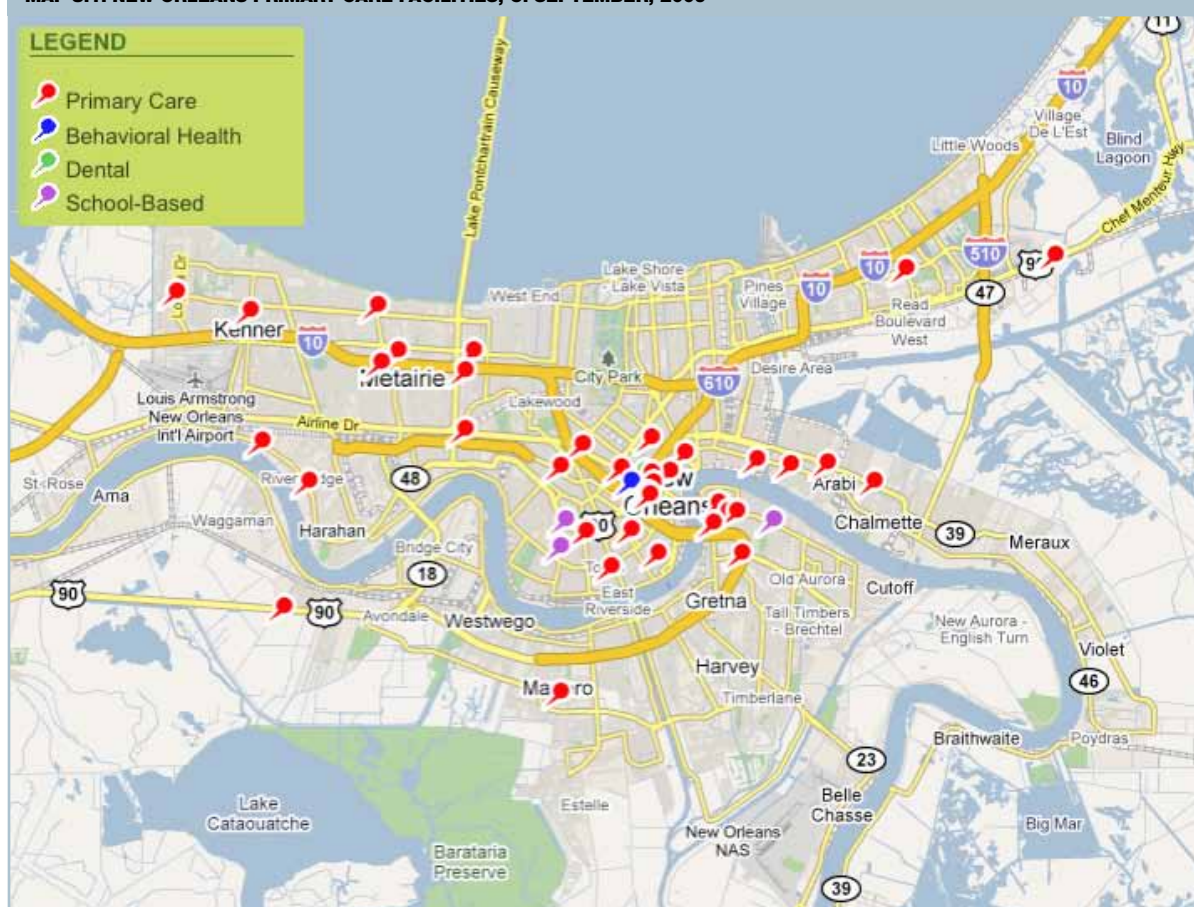
**MAP 8.1: NEW ORLEANS PRIMARY CARE FACILITIES, C. SEPTEMBER, 2009**

IMAGE: WWW.GNOCOMMUNITY.ORG, SEPTEMBER, 2009.

Additionally, the New Orleans Faith Health Alliance and Dillard University were each building a new clinic; both are expected to open in 2010. In March, 2009, the St. Thomas Community Health Center in New Orleans was one of seven community health centers in the state to receive a portion of the \$8.6 million in federal stimulus funding for health care in Louisiana to expand the Center and provide services to more patients.<sup>21</sup>

As of March, 2009, 37 community clinics in the New Orleans region had been certified by the National Committee for Quality Assurance (NCQA) as Patient-Centered Medical Homes. A Patient-Centered Medical Home is a health care setting that facilitates partnerships between individual patients, and their personal physicians, and when appropriate, the patient's family. Care is facilitated by registries, information technology, health information exchange and other means to ensure that patients get the indicated care when and where they need and want it in a culturally and linguistically appropriate manner. (A Patient-Centered Medical Home is not a residence.) NCQA provides certification of Patient-Centered Medical Homes throughout the United States. The Medical Home model of care is a nationally-recognized best practice that ensures coordination of services across the continuum of care, and has been a central tenet of health care reform initiatives in New Orleans and Louisiana since before Hurricane Katrina. The NCQA certification indicates that a provider meets certain standards of managed care, including demonstrating that patients have an ongoing relationship with a personal physician who is responsible for coordinating all of their health care needs. A grant administered by DHH and the Louisiana Public Health Institute (LPHI) provides funds for additional clinics to become certified by NCQA through 2010.

<sup>21</sup> New Orleans City Business. "Louisiana Health Care to Get \$8.6 Injection from Stimulus." New Orleans City Business. March 3, 2009. <http://www.neworleanscitybusiness.com/up-to-the-minute.cfm?recid=23401&userID=0&referrer=dailyUpdate>

## CHILDREN'S HEALTH

New Orleans has a high rate of poverty among children and a high rate of infant mortality—a common benchmark for children's overall health. In 2008, 25 percent of families with children surveyed reported their child's mental and emotional health was worse than before Hurricane Katrina, and 16 percent reported their child's physical health was worse.<sup>22</sup>

Several programs are working to improve the health of children in New Orleans. They include:

- **Nurse Family Partnership:** For over 25 years, the Louisiana Office of Public Health and the Department of Health and Hospitals has run the Nurse Family Partnership, which improves pregnancy and early childhood health outcomes by matching nurses with low-income first-time mothers.<sup>23</sup> The program has been shown to significantly improve pregnancy outcomes, child health and development, and family self-sufficiency,<sup>24</sup> and reaps an estimated \$5.70 return on every dollar invested.<sup>25</sup> Due to limited capacity, the program currently serves less than 50 percent of eligible participants.<sup>26</sup>
- **Healthy Start New Orleans** is a federally-funded program that provides prenatal and neonatal care for low-income women and their babies. It will receive \$10 million in funding between 2009 and 2014 through the Department of Health and Human Services.
- **Head Start and Early Head Start** are national school readiness programs that provide free education, health, nutrition, and parent involvement services to low-income children from birth through preschool and their families.<sup>27</sup> As of June 1, 2009, there were about 16 licensed child care facilities in New Orleans that offered Head Start programs.<sup>28</sup> Many are operated by the nonprofit Total Community Action.<sup>29</sup>
- **The Women, Infants and Children food program (WIC)** provides supplemental food, health care referrals, and nutrition education for low-income expectant mothers and parents of children up to age 5. In 2007, 3,922 women and children in New Orleans benefitted from WIC.
- **The Greater New Orleans School Kids Immunization Program** has been successful in increasing immunization rates of New Orleans school children by offering free immunizations through schools.
- **School Health Connection** is a regional collaborative administered by LPHI that supports the expansion of school-based health centers in the New Orleans metropolitan area to improve the health of school-age children and their communities.<sup>30</sup>

## MENTAL HEALTH

As of January, 2008, the rate of mental health conditions like depressive disorders and post traumatic stress disorder among New Orleans residents was several times the national average.<sup>31</sup> In 2008, 31 percent of New Orleans residents surveyed reported having some mental health challenge, 15 percent reported having been diagnosed with a serious mental illness (three times the rate reported in 2006), and 17 percent reported having taken prescription medication for a mental health issue in the previous 6 months (more than twice the rate reported in 2006).<sup>32</sup> However, the average number of poor mental health days for Louisiana residents was the

22 Kaiser Family Foundation. "New Orleans Three Years after the Storm: The Second Kaiser Post-Hurricane Katrina Survey, 2008." August, 2008.

23 Nurse Family Partnership. Retrieved on November 21, 2008 at [http://www.nursefamilypartnership.org/resources/files/PDF/Fact\\_Sheets/NFP\\_Nurses&Mothers.pdf](http://www.nursefamilypartnership.org/resources/files/PDF/Fact_Sheets/NFP_Nurses&Mothers.pdf).

24 Louisiana Association of Nonprofit Organizations. "Community Solutions 2008-2009." Available at: [http://lano.org/AM/Template.cfm?Section=Community\\_Solutions\\_Institute](http://lano.org/AM/Template.cfm?Section=Community_Solutions_Institute). Retrieved July, 2009.

25 Karoly, L; Kilburn, R; & Cannon, J. "Early Childhood Interventions: Proven Results, Future Promise." Santa Monica: RAND Corporation. 2005.

26 "Health & Independence for All: A Strategic Plan." A Working Draft United Way for the Greater New Orleans Area. December 8, 2008.

27 National Head Start Association: [http://www.nhsa.org/about\\_nhsa](http://www.nhsa.org/about_nhsa). Retrieved June, 2009.

28 Greater New Orleans Community Data Center. [www.gnocdc.org](http://www.gnocdc.org). Retrieved June, 2009.

29 [www.tca-nola.org](http://www.tca-nola.org).

30 LPHI: <http://lphi.org/home2/section/3-30-32-84/about-school-health-connection>. Retrieved June, 2009.

31 Kessler RC, Galea S, Jones RT, Parker HA. "Hurricane Katrina Community Advisory Group: Mental illness and suicidality after Hurricane Katrina." Bull World Health Org. 2006;84(12).

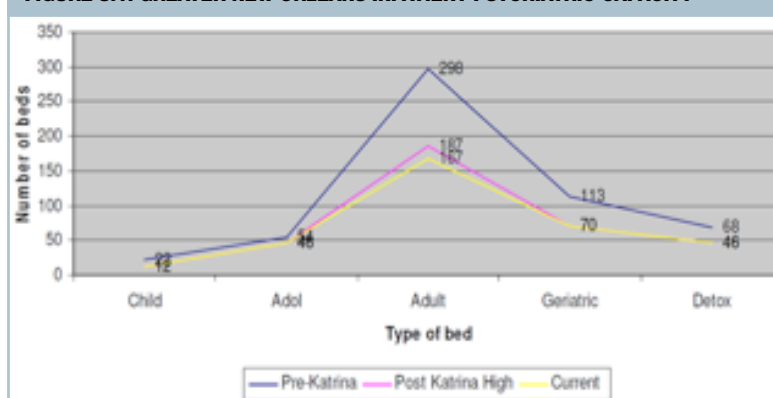
32 Kaiser Family Foundation. "New Orleans Three Years after the Storm: The Second Kaiser Post-Hurricane Katrina Survey, 2008." Appendix: Chart-pack. August, 2008.

8<sup>th</sup> lowest in the nation in 2008 at 3 days per month.<sup>33</sup>

### Inpatient Mental Health and Addiction Treatment.

As of March, 2009, 168 of the hospital beds in New Orleans were inpatient psychiatric beds—less than half of the 364 available before Hurricane Katrina. There were 341 total psychiatric beds in the metropolitan region, as compared to 555 before Hurricane Katrina.<sup>34</sup> A Kaiser Family foundation survey in 2008 noted that inpatient substance abuse treatment programs were in particularly high demand in New Orleans, especially for the uninsured and the homeless.<sup>35</sup>

**FIGURE 8.1: GREATER NEW ORLEANS INPATIENT PSYCHIATRIC CAPACITY**



SOURCE: LOUISIANA PUBLIC HEALTH INSTITUTE BEHAVIORAL HEALTH ACTION NETWORK. MARCH 26, 2009.

In summer 2009, the State announced plans to close the inpatient mental health services at the New Orleans Adolescent Hospital (NOAH), the only public mental health institution in New Orleans. As of March, 2009, NOAH's total inpatient capacity was 35 inpatient beds.<sup>36</sup> Ninety-seven percent of children and adolescents and 93 percent of adults served by NOAH do not have insurance.<sup>37</sup> Patients formerly served by NOAH will be served by Southeast Louisiana Hospital in Mandeville, LA after September, 2009. Several community groups in New Orleans have voiced opposition to this plan, and a law suit seeking to reverse the hospital consolidation plan was filed in 2009. Additionally, representatives of the business community have argued that businesses already suffer as a result of the city's insufficient mental health treatment capacity, and that increased mental health care is needed to make the city safe and secure for private investment.<sup>38</sup>

Other hospitals in New Orleans that provide inpatient psychiatric care (as of March, 2009) include:<sup>39</sup>

- Children's Hospital (17 beds for adolescents)
- Psychiatric Pavilion (24 beds)



IMAGE: NOAH'S FRIENDS: WWW.NOAHS-FRIENDS.ORG.

***The New Orleans Adolescent Hospital (NOAH), the city's only public mental health institution, will close in September, 2009.***

33 United Health Foundation: <http://www.americashealthrankings.org/2008/states/la.html>. Retrieved June, 2009.

34 Louisiana Public Health Institute Behavioral Health Action Network. March 26, 2009.

35 Kaiser Family Foundation. "New Orleans Three Years after the Storm: The Second Kaiser Post-Hurricane Katrina Survey, 2008." August, 2008.

36 Ibid.

37 NOAH's Friends: <http://www.noahs-friends.org/default.asp>.

38 Webster, Richard A. "City's mental health care crisis impacts businesses." New Orleans City Business. May 25, 2009. <http://www.neworleanscity-business.com/viewFeature.cfm?recID=1390>

39 Data courtesy Louisiana Public Health Institute Behavioral Health Action Network.

- Community Care Hospital (22 beds)
- University Hospital (20 detox beds)
- LSU Hospital—Calhoun Campus (38 beds)
- Louisiana Specialty (12 beds)
- Odyssey House (120 addiction treatment beds)

### Outpatient Mental Health and Addiction Treatment.

While adequate inpatient mental health care is essential to preventing crises and providing emergency mental health treatment in all communities, only about 7 percent of people who seek mental health care require hospitalization.<sup>40</sup> National best practices in mental health treatment emphasize preventative and community-based outpatient care as significantly more effective and less expensive means of treating most mental health disorders than inpatient care.<sup>41</sup>

In New Orleans, there are several providers of outpatient mental health services. DHH operates the Louisiana Spirit program, a federally-funded crisis counseling service that is free to all Louisiana residents.<sup>42</sup> Additionally, in 2010, DHH will fund and oversee the following outpatient mental health services and initiatives:

- **Assertive Community Treatment (ACT) teams:** ACT teams would provide ongoing outreach, monitoring, mental health treatment, medication management, substance abuse counseling, case management and social services for people with severe mental illness and co-occurring substance abuse who utilize both hospital and law enforcement resources. The ACT model has been proven to reduce institutional care and promote recovery in individuals with serious mental illness.<sup>43</sup> As of June, 2009, there was already an advance waiting list for ACT services before they had begun to operate.<sup>44</sup>
- **Supportive housing** for people living with mental illnesses.
- **Child and Adolescent Response Teams**, which perform crisis stabilization for adolescents that has proven to decrease instances of hospitalization.
- **NOAH outpatient and satellite clinics.**

The New Orleans Metropolitan Human Service District (MHSD) provides outpatient treatment and supportive housing for persons living with addictive disorders, developmental disabilities, and mental illness through its Behavioral Health Centers.<sup>45</sup> Additionally, more than 70 outpatient primary and behavioral health clinics in the New Orleans area provide mental health care in the metropolitan area regardless of ability to pay. They include:

- **United Way Agencies**
- **VIALINK COPE Line** (provides referrals and emergency crisis counseling)
- **Associated Catholic Charities of New Orleans:** recently expanded transitional housing for serious mentally ill residents
- **Odyssey House:** expansion plans include substance abuse and detox services
- **Medical Center of New Orleans (MCLNO) at Douglas, Jackson Barracks, and Martin**

40 Mental Health America: <http://www.mentalhealthamerica.net/go/help/finding-help/go/help/finding-help/find-treatment/in-patient-care/inpatient-care-what-to-ask>.

41 <http://www.actassociation.org/actModel/>

42 Louisiana Spirit: <http://www.louisianaspirit.org/>.

43 Lehman AF, Dixon L, Hoch JS, et al. "Cost-effectiveness of assertive community treatment for homeless persons with severe mental illness." *Br J Psychiatry* 1999 Apr;174:346–52. Available at: <http://ebmh.bmj.com/cgi/content/extract/2/4/128>.

44 Louisiana Department of Health and Hospitals. <http://www.dhh.louisiana.gov/publications.asp?ID=1&CID=9>. Retrieved February, 2009.

45 Metropolitan Human Services District: <http://www.mhsdla.org/home/>.







### Service Coordination.

MHSD is the state-authorized administrative entity that allocates public funding to and coordinates local providers of addiction recovery, developmental disability, and mental health services in the New Orleans metropolitan area (including Orleans, St. Bernard, and Plaquemines Parishes). The MHSD receives funding from federal sources (including DHH), the state, Medicaid, and private sources. In the state budget for FY 2009, funding for the MHSD was reduced by several million dollars.

LPHI's Behavioral Health Action Network (BHAN) is a coalition of behavioral health stakeholders that works to improve system coordination of New Orleans area mental health care providers through public-private partnerships, data and analysis, policy development, and workforce development initiatives in mental health services.<sup>47</sup>

### THE UNINSURED

As of 2008, 18 percent of New Orleans adults surveyed had no health insurance (down from 26 percent in 2006), and 12 percent reported having at least one uninsured child in the home (up from 11 percent in 2006). In August, 2008, 25 percent of former Charity Hospital users surveyed reported relying on emergency rooms as their "usual place of care" or having no usual place of care at all. Thirty-four percent reported using other hospitals or neighborhood clinics as their primary source of care.<sup>48</sup> As a result, New Orleans area hospitals at that same time experienced a dramatic increase in emergency department admissions for the uninsured due to the closure of Charity and other safety-net providers.<sup>49</sup>

There are several low-cost or free health insurance programs available to New Orleans residents. Medicare and Medicaid are available to qualified elderly and income-eligible residents, but further outreach is needed to make residents aware of available resources. One model for this type of outreach in New Orleans is Kingsley House's Health Care for All Program, which performs door-to-door outreach to identify uninsured residents and assist them in obtaining some form of health insurance, and in 2008 successfully enrolled more than 1,000 New Orleans residents in Medicaid.<sup>50</sup> The Louisiana Children's Health Insurance Program (LaCHIP) has also been successful in significantly increasing the rate of insurance for area youth. The Children's Health Insurance Program (CHIP) is a federal program that provides funds to states for health insurance for families with children, and targets families with modest incomes that are too high to qualify for Medicaid. In February, 2009, the federal government increased funding for CHIP nation-wide.<sup>51</sup> As of November, 2007, there were 36,068 children in New Orleans insured by Medicaid and 5,611 children ensured by LaCHIP.<sup>52</sup>

### EXPANDING HEALTH CARE ACCESS

The New Orleans Health Department administers disease and lead poisoning prevention, health maintenance, Ryan White AIDS funding, and dental health programs, as well as nutrition programs for pregnant women, infants, children and elderly persons. It also operates the city's youth detention center and enforces the health code. The department's Clinical Services program, which aims to expand health care service locations and services provided, had a budget of \$1.1 million and employed a full-time staff of 16 in 2009.<sup>53</sup>

47 Louisiana Public Health Institute: <http://lphi.org/home2/section/3-222/behavioral-health-action-network>. Retrieved June, 2009.

48 Kaiser Family Foundation. "New Orleans Three Years after the Storm: The Second Kaiser Post-Hurricane Katrina Survey, 2008." Appendix: Chart-pack. August, 2008. Available at: [www.kff.org](http://www.kff.org).

49 DeSalvo, Karen, et al. "Health Care Infrastructure in Post-Hurricane Katrina New Orleans: A Status Report." The American Journal of the Medical Sciences. August, 2008. Volume 336, Number 2.

50 Kingsley House: [http://www.kingsleyhouse.org/our\\_programs/hcfa.html](http://www.kingsleyhouse.org/our_programs/hcfa.html). Retrieved June, 2009.

51 Annie E. Casey Foundation. "2008 KidsCount Data Book". [http://www.kidscount.org/datacenter/db\\_pdf\\_08.jsp](http://www.kidscount.org/datacenter/db_pdf_08.jsp). Retrieved June, 2009.

52 Kids Count Data Center: <http://datacenter.kidscount.org/data/bystate/stateprofile.aspx?state=LA&loc=3255>. Retrieved June, 2009.

53 City of New Orleans 2009 Adopted Operating Budget. [www.cityofno.com](http://www.cityofno.com).

The Louisiana Department of Health and Hospitals (DHH) administers a range of public health programs, including behavioral health and services for people with disabilities. DHH also administers and oversees the state's Medicaid and CHIP programs. In November, 2008, DHH launched the Louisiana Health First initiative to improve health outcomes in Louisiana and create a sustainable system of quality health care. The initiative focuses on expanding insurance coverage, coordinating patient care through creating a network of medical homes, and rebuilding a regional teaching hospital in New Orleans.<sup>54</sup>

In 2007, DHH and LPHI were awarded the Primary Care Access and Stabilization Grant (PCASG), a federal grant to increase access to health care by providing \$100 million over a 3-year period (2007 to 2010) to community-based primary care, mental health care, HIV/AIDS care, and substance abuse treatment providers throughout the Greater New Orleans area. The funds will help providers stabilize, improve and expand their services through methods including opening satellite clinics, extending hours of operation and hiring additional qualified medical staff. In its first 18 months, the program helped to increase area primary care service locations by 36 percent and served an estimated 43 percent of all uninsured residents in the New Orleans metropolitan area.<sup>55</sup> The grant also helps to maintain a web-based directory of healthcare centers in the New Orleans area that offer services to patients regardless of their ability to pay.<sup>56</sup> A report published by the federal Government Accountability Office in July, 2009 found that despite the program's success, PCASG grant recipients continued to have significant difficulties in making referrals to other providers (particularly mental health, dental, and specialty care) and in hiring and retaining staff.<sup>57</sup>

LPHI also convenes the Louisiana Community AIDS Partnership in collaboration with the National AIDS Fund to promote and improve the health and quality of life of people affected by HIV/AIDS in the New Orleans area.<sup>58</sup>

## ACCESS TO HEALTHY FOOD CHOICES

The health of many New Orleans residents is compromised by their lack of access to fresh, healthy foods. New Orleans and Louisiana have particularly high rates of chronic diseases that are affected by food choice, such as obesity, heart disease, and diabetes. Only about one in five New Orleans adults consumes five or more servings of fruits and vegetables per day, 40 percent drink soft drinks daily, and 31 percent eat snack foods daily.<sup>59</sup>

As of 2009, there were 18 full-service supermarkets in New Orleans that provided access to healthy foods—or about one per 18,000 residents, as compared to the national average of one per only 8,800 residents. (Before Hurricane Katrina, the ratio in New Orleans was around one supermarket per 12,000 residents.) Eight farmers' are held daily, weekly, or monthly throughout the city. Weekly markets are held in New Orleans East, Upper Ninth Ward and Downtown, Uptown, and Mid City. Monthly markets include the Sankofa Marketplace in the Lower Ninth Ward and the Harrison Market in Lakeview.

In June, 2009, the City released an RFP for the administration of the Fresh Food Retail Incentive Program, which will award forgivable and low interest loans to supermarkets, grocery stores, and other fresh food retail businesses that sell fresh fruits and vegetables and other healthy foods in underserved areas of the city. The program has initial funding of \$7 million in disaster CDBG funds. In addition, the 2009 ORDA budget allocates \$2 million to create grant programs for community markets and urban food gardens. In 2009 ORDA allocated \$120,000 in funding to the city's Mobile Markets program, launching five mobile markets that sell fresh foods in areas that are underserved by supermarkets throughout the city. The Food

54 Louisiana Department of Health and Hospitals: <http://www.dhh.louisiana.gov/offices/?ID=349>. Retrieved June, 2009.

55 Louisiana Public Health Institute: <http://lphi.org/home2/section/3-146/primary-care-access-and-stabilization-grant>. Retrieved June, 2009.

56 Greater New Orleans Community Data Center: [www.gnocommunity.org](http://www.gnocommunity.org). Retrieved June, 2009.

57 United States Government Accountability Office. "Federal Grants Have Helped Health Care Organizations Provide Primary Care, but Challenges Remain." July, 2009. Summary available at: <http://www.gao.gov/daybook/090720.htm>. Retrieved July, 2009.

58 Louisiana Public Health Institute: <http://lphi.org>. Retrieved June, 2009.

59 Centers for Disease Control. Selected Metropolitan/Micropolitan Area Risk Trends from the Behavioral Risk Factor Surveillance System, 2007. [www.cdc.gov/brfss](http://www.cdc.gov/brfss). Retrieved December 15, 2008.



IMAGES: THE NEW ORLEANS FOOD COOPERATIVE



Policy Advisory Committee, established by the City Council in 2008, provides policy direction to the city on improving access to fresh, healthy food. **See also: Chapter 13—Environmental Quality for more information on urban agriculture and community gardening.**

## PREVENTATIVE HEALTH INITIATIVES

- **Tulane Prevention Research Center** performs research and public education around the impact of the physical and social environment on obesity and collaborates with community partners to promote healthy environments.<sup>60</sup>
- **Stay Healthy Louisiana**, created through a partnership between LPHI and DHH, is a website that serves as a centralized resource for public health information such as a schedule of free screening and immunization events.<sup>61</sup>
- **The Louisiana Campaign for Tobacco-Free Living** is a statewide program to reduce tobacco use and exposure to secondhand smoke.<sup>62</sup>
- **Steps to a Healthier New Orleans** is part of the Steps to a Healthier US Initiative, which funds chronic disease prevention and health promotion programs that target three major chronic diseases: diabetes, obesity and asthma and their underlying risk factors.<sup>63</sup>

## SERVICE COORDINATION

Several programs administered by LPHI also work to improve service coordination and collaboration among providers in the New Orleans region. They include:

- **The Orleans Neighborhood Health Implementation Plan (ONHIP)** works to foster partnerships across sectors—including health care, education, community advocates, private development interests, and community members—to address the broad determinants of health, including nutrition, active living, preventative care, and a healthy environment. A core goal of the ONHIP program is the development of neighborhood medical homes and wellness centers which will provide and coordinate a broad range of health care and prevention services for neighborhood residents.



IMAGE: GNO UNITED WAY

**From 2008 to 2009, New Orleans area food banks reported a 35 percent increase in demand for food assistance.**

<sup>60</sup> Tulane Prevention Research Center: <http://www.sph.tulane.edu/PRC/index.htm>.

<sup>61</sup> Stay Healthy Louisiana: [www.stayhealthyla.org](http://www.stayhealthyla.org).

<sup>62</sup> The Louisiana Campaign for Tobacco-Free Living: [www.tobaccofreeliving.org](http://www.tobaccofreeliving.org).

<sup>63</sup> Steps to a Healthier New Orleans: [www.stepsla.org](http://www.stepsla.org).

- **The Partnership for Access to Health Care (PATH)**, administered by LPHI and founded in 1999, is a collaboration of New Orleans leaders in health and social services that promotes the model of networked medical homes and strengthens collaboration between health and social service delivery systems.<sup>64</sup>
- With funds from the Primary Care Access and Stabilization Grant, LPHI has convened a **regional forum for healthcare capacity planning and technical assistance** on a regular basis since the inception of the grant in 2007, and is working to increase collaboration and information exchange between providers.
- **504HealthNet** is a nonprofit organization in New Orleans that provides support for coordination of service delivery among primary care providers.

Steps to a Healthier New Orleans and LPHI are working to implement an Electronic Medical Record (EMR) system which would provide efficient internal communication of a patients' medical history to ensure more coordinated and efficient care both within a single clinic and across service providers. EMR is considered a best practice nationally and has been adopted by numerous health care systems around the nation. As of 2009, the EMR system was in use at two Daughters of Charity Health Center clinics and in the process of being adopted by others.<sup>65</sup>

## 2. Human Services

The 2008-2009 economic downturn has increased demand for basic services such as food, clothing, and utility assistance in New Orleans. From 2008 to 2009, the number of households in the New Orleans region receiving food stamps rose by nearly 12 percent, and area food banks reported a 35 percent increase in demand for food assistance.<sup>66</sup>

### Government-Sponsored Services.

**The City's Department of Human Services** coordinates public welfare services, administers social services to youth and their families, operates a youth detention center (*see Section 5, below*), and coordinates delivery of various human services through collaboration with other city departments (*e.g.*, *NORD*, *Health Department*), social service agencies, places of worship, and other private and nonprofit organizations. The Department's Emergency Assistance Program provides counseling, advocacy, referrals



IMAGE: GNO UNITED WAY

**Dozens of nonprofit organizations—many founded since Hurricane Katrina—offer a broad array of services.**

and monetary grants (including emergency utility assistance) to residents in crisis situations. The Department projects that it will provide services to approximately 10,000 households in 2009. The City's 2009 budget increased funding for the Department by more than 13 percent.<sup>67</sup>

**The Louisiana Department of Social Services (DSS)** is responsible for administering programs such as Child Support, Child Care Assistance, adoption and foster care, Head Start, Temporary Assistance to Needy Families, the Food Stamp Program, assistance for people with disabilities, and several other assistance programs for qualifying families and individuals in need. There are three

<sup>64</sup> *Ibid.*

<sup>65</sup> Steps to a Healthier New Orleans: <http://www.stepsla.org/home2/section/5-162/clinical-quality-improvement>. Retrieved July, 2009.

<sup>66</sup> Bahr, Emily. "Economic Strife Creates New Clientele for Area Food Banks." *New Orleans City Business*, March 30, 2009. <http://www.neworleanscitybusiness.com/viewStory.cfm?recID=32992>. Retrieved March 31, 2009.

<sup>67</sup> City of New Orleans 2009 Adopted Operating Budget. [www.cityofno.com](http://www.cityofno.com).



DSS offices in New Orleans—two for Family Services offices and one Community Services. Other DSS services are administered from numerous other locations where local service providers are contracted by DSS to provide services (for example, assistance for the blind and deaf).

In 2010, the state plans to open a Neighborhood Place at the Mahalia Jackson School in New Orleans. A Neighborhood Place is a “one-stop shop” of state services—a single location housing representatives from DSS, DHH, the Department of Education, the Louisiana Workforce Commission, and the Office of Juvenile Justice, all of whom will work as a team to make services more accessible, coordinated and integrated. Child care services will also be offered at the same location. It will be governed by a Community Council of clients and community members who live and work in the area in order to ensure that Neighborhood Place serves the unique needs of that community. The state opened its first Neighborhood Place in June, 2009 in Sabine Parish.<sup>68</sup>

The state MHSD—described in Section 1, above—also provides services and coordinates partnerships with private-sector providers, and is primarily involved with mental and behavioral health and addiction recovery services and services for people with developmental disabilities. MHSD also provides funding for housing and emergency shelters for the homeless (*see below*).

### Non-Governmental Organizations.

In addition to government agencies, dozens of nonprofits—including faith-based organizations—offer an array of human and social services, many founded since Hurricane Katrina to meet the increased demand for basic services. Many are small in scale and serve a relatively small proportion of the population. A 2008 survey of nonprofit service providers in Louisiana found that of those that had paid staff, nearly half had 5 or fewer staff members, and of those that relied on volunteers, the average number of volunteers was 20. Two-thirds of the organizations surveyed had collaborated with at least one other group to provide services. Most collaborations involved sharing resources such as space, equipment, and supplies. The survey also revealed that among the most common challenges faced by nonprofit providers were poor communication and poor service coordination—particularly between public and private providers. Relatively few nonprofits reported working with state and local governments, and only about 7 percent worked with federal agencies.<sup>69</sup> Instances of public-private collaboration in human services tend to occur mostly where public agencies are the sole provider of goods and services (e.g. food stamps or disability income). Additionally, several nonprofits report that public funding that is administered by city agencies often involves administrative and reporting burdens that are prohibitive for smaller nonprofits to comply with.



IMAGE: GNO UNITED WAY

***Integrated, comprehensive case management facilitates service coordination and greater efficiency across the continuum of care.***

The Louisiana Association of Nonprofit Organizations (LANO) is a statewide organization that offers business services, insurance, training, and technical assistance to more than 1,000 nonprofit member organizations throughout the state, including 214 member organizations registered in the City of New Orleans as of July, 2009. LANO's Community Solutions Institute is a network of nonprofits and other stakeholders statewide who are working to reduce poverty.<sup>70</sup>

68 Louisiana Neighborhood Place: <http://www.laneighborhoodplace.org/>.

69 De Vita, Carol J., Fredrica D. Kramer, Principal Investigators, Lauren Eyster, Samuel Hall, Petya Kehayova, Timothy Triplett. “The Role of Faith-Based and Community Organizations in Post-Hurricane Human Service Relief Efforts.” The Urban Institute, December 2008.

70 [www.lano.org](http://www.lano.org)

## Referral and Information Systems.

In the spirit of fostering a seamless continuum of care, numerous organizations have developed in-house resource guides to locally-available services, but no two lists are the same, and all require significant effort to compile and keep up to date. This is not only time consuming for providers, but also puts consumers at risk of “falling through the cracks” because providers are not always aware of other services available or do not have a reliable means of communicating with providers in other service sectors.

VIALINK (2-1-1), a toll-free 24-hour call center funded by United Way, provides referral information for both providers and consumers of health care and human services, in addition to crisis counseling. In 2007, the service received 8,453 calls from within Orleans Parish. The City of New Orleans also offers some of these same informational services through its 3-1-1 information line (not including counseling). VIALINK has the potential to serve as a single reference point for resources and referrals for the human service industry in New Orleans, but area providers suggest that it is only used sporadically by providers and does not contain the full extent of information needed.

## Case Management.

Case management is an important aspect of human service delivery because a case manager helps a consumer navigate the various services available and choose the services that are appropriate for him or her. Comprehensive case management provides a safety net in insuring that consumers receive the appropriate service at the appropriate time and do not get lost in the system. Although most human service providers have some method of “keeping track” of those they serve, there is very little available in New Orleans in the way of long-term comprehensive case management services. A more integrated and coordinated human service delivery system could provide the opportunity for comprehensive case management across the continuum of care, providing consumers with more consistent and coordinated care, and reducing costs by decreasing the frequency of crisis situations and decreasing redundancy due to lack of coordination.

## HOMELESSNESS

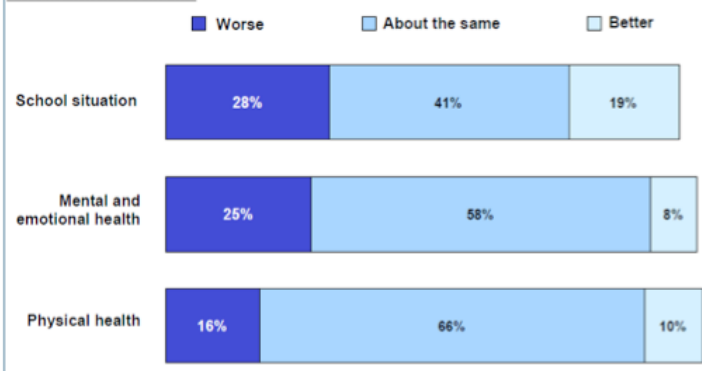
In 2008, providers of services to the homeless served 18,875 unduplicated individuals in the greater New Orleans area—about an 88 percent increase since before Hurricane Katrina.<sup>71</sup> About 12,000 of these residents were estimated to reside in Orleans Parish. A 2008 survey conducted in New Orleans found that 80 percent of homeless residents surveyed had at least one disability, 31 percent had multiple disabilities, and 19 percent had concurrent mental illness, physical disability, and substance addiction.<sup>72</sup>

Permanent supportive housing—housing that is not time-limited and that is linked to case management and comprehensive social services—is the primary solution to homelessness (*discussed in Chapter 5 of this plan*). However, emergency shelter beds can provide a temporary remedy to homelessness for some

**FIGURE 8.2: CHILD WELL-BEING IN NEW ORLEANS, C. 2008**

Compared to before Hurricane Katrina, is the... of the children in your household better, worse or about the same today?

Based on those with children under the age of 19 living in their household who lived in New Orleans when Katrina hit.



Note: The percentage who did not give an answer is not shown.

SOURCE: KAISER FAMILY FOUNDATION. “NEW ORLEANS THREE YEARS AFTER THE STORM: THE SECOND KAISER POST-HURRICANE KATRINA SURVEY, 2008.” AUGUST, 2008.

71 UNITY of Greater New Orleans. July, 2009.

72 UNITY of Greater New Orleans: [www.unitygno.com](http://www.unitygno.com). Retrieved February, 2009.

individuals, and often serve as a gateway to further engagement with service providers. Before Hurricane Katrina, there were approximately 837 emergency shelter beds in New Orleans; as of March, 2009, there were about 514 shelter beds serving a much larger homeless population than before the storm. Emergency beds for individuals under 21 years of age are in particularly short supply. Family shelters provide only 125 beds (room for just 41 families), half of which are for survivors of domestic abuse. Additional homeless outreach workers are also needed, particularly since outreach is complicated by the abundance of vacant structures throughout the city. Daytime drop-in service centers with services like showers, meals, mailboxes, clothing, and service referrals are also in demand for homeless individuals and families, as is transportation assistance.

UNITY of Greater New Orleans serves as the region's umbrella organization for homeless services, coordinating the continuum of care structure required to access federal funding for programs for the homeless. More than 130 local service providers, most of which are relatively small-scale organizations, serve the homeless population. Federal funds from the U.S. Department of Housing and Urban Development for specific housing programs are available through the city's housing division, currently within ORDA. The service capacity of UNITY and its affiliates may be bolstered by the federal Rapid Re-Housing program to combat homelessness, which has identified New Orleans as one of its target areas. The program will provide \$2 million to shelters and permanent housing services.<sup>73</sup>

### 3. Youth

Research has shown that child poverty is linked to lower academic achievement, higher rates of non-marital child bearing and a greater likelihood of health problems.<sup>74 75</sup> Thirty-six percent of children under 18 (15,461 children) in New Orleans lived below the federal poverty line in 2007.<sup>76</sup>

There are several initiatives working to improve the physical health of children in New Orleans. They are discussed in section 1, above.

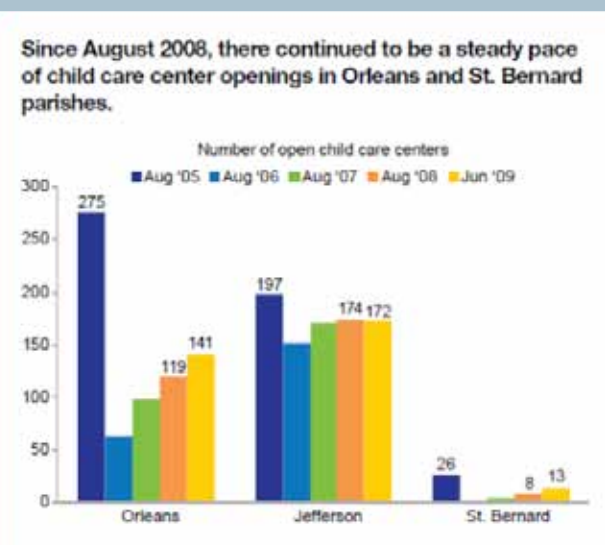
#### CHILD CARE

As of June, 2009, there were 141 licensed child care centers in New Orleans—just over half of the 275 centers that existed before Hurricane Katrina. At the same time, the total capacity of those centers was 9,783 children.<sup>77</sup> There are several organizations working to improve the availability of child care. **The Greater New Orleans**

**Rebuild Child Care Collaborative** provides

funding for physical building and repair of child care facilities. In 2009 they aim to open 10 to 15 child care centers (1,000 child care spaces) with at least half of the spaces reserved for low-income families.<sup>78</sup>

**FIGURE 8.3: CHILDCARE CENTERS IN NEW ORLEANS**



SOURCE: BROOKINGS INSTITUTION AND THE GREATER NEW ORLEANS COMMUNITY DATA CENTER. "THE NEW ORLEANS INDEX." AUGUST, 2009. [WWW.GNOCDC.ORG](http://WWW.GNOCDC.ORG)

73 New Orleans City Business. "Feds Provide \$2M to Help N.O. Homeless." New Orleans City Business. February 19, 2009. [www.neworleanscitybusiness.com](http://www.neworleanscitybusiness.com). Retrieved February, 2009.

74 Annie E Casey Foundation 2007 Kids Count Data Book. Available at: <http://datacenter.kidscount.org/>.

75 Louisiana Association of Nonprofit Organizations. "Community Solutions 2008-2009." Available at: [http://www.lano.org/AM/Template.cfm?Section=Community\\_Solutions\\_Institute](http://www.lano.org/AM/Template.cfm?Section=Community_Solutions_Institute). Retrieved July, 2009.

76 US Census, 2007.

77 Agenda for Children's analysis of data provided by the Louisiana Department of Social Services, Bureau of Licensing, by personal communication.

78 Greater New Orleans Rebuild Child Care Collaborative: <http://www.rebuildchildcare.org/greaterneworleans.php>.

- **Agenda for Children** administers a Child Care Resources program which offers a free information and referral service for families seeking child care in metropolitan New Orleans, and works to expand the availability of child care through assistance to families, parent education, and public awareness.<sup>79</sup>
- **Head Start and Early Head Start** programs, discussed in Section 1 above, provide early childhood education in addition to health and social services to low-income children and their families.

There is currently a nationwide shortage of well-trained and experienced childcare workers, in part because wages and benefits for childcare workers are among the lowest in the U.S. labor force.<sup>80</sup> As of 2009, only 3 child care facilities in New Orleans were nationally accredited (as opposed to 18 before Hurricane Katrina).<sup>81</sup> Two United Way programs, Success by 6 and Bridges to Quality, are working to improve the quality of child care facilities by providing technical assistance and funding for facilities to work toward national accreditation. Agenda for Children's Child Care Resources program also offers training, on-site technical assistance, and capacity-building resources for child care providers.<sup>82</sup>

Quality Start is a statewide quality rating system for child care. Participating centers can achieve 1-5 stars. The system provides incentives for child care centers to meet quality benchmarks, such as enhanced payments from the state's Child Care Assistance Program and refundable tax credits from the state's School Readiness Tax Credits. The value of the incentive increases with each additional star. As of July, 2009, there were 41 child care programs in New Orleans registered with Quality Start. Thirty programs received only one star; 7 programs received two stars; 1 program received 3 stars; 3 programs received 4 stars; and no programs received 5 stars.<sup>83</sup>

The affordability of child care is an important factor in developing a productive workforce. In 2007, the median annual cost for one infant in a Class A child care center in New Orleans was \$5,500: 14.7 percent of median household income.<sup>84</sup> Financial assistance for low-income families is available to offset the cost of child care through federal Child Care Development Fund vouchers, which are administered by the Louisiana Department of Social Services Child Care Assistance Program. In 2008, only 38 percent of qualifying families received the voucher.<sup>85</sup>

## AFTERSCHOOL PROGRAMS

Research suggests that up to two-thirds of the academic achievement gap between low- and high-income youth is rooted in inequities outside of the classroom, and that youth programming for non-school hours (after school and summer) helps to bridge educational achievement gaps as well as improve behavioral and social problems in school-age youth.<sup>86</sup> Afterschool programs for school-age youth can include both academic (e.g., tutoring) and recreational programs.

Before Hurricane Katrina, there were over 200 afterschool programs located in schools, nonprofit organizations, community centers, housing developments, recreation centers, and churches throughout New Orleans. As of January, 2007, there were only 42 afterschool sites in operation, serving less than 25 percent of the target population. Areas of the city that were hardest hit by Hurricane Katrina and those with the highest crime rates had the least access to afterschool programs. Students and families report

79 Agenda for Children: <http://www.agendaforchildren.org/home.htm>.

80 Maria D. Montilla, Eric C. Twombly, and Carol J. De Vita. "Models for Increasing Child Care Worker Compensation." Center on Nonprofits and Philanthropy. No.8, June 2001.

81 National Association for the Education of Young Children: <http://www.naeyc.org/accreditation/search/>

82 Agenda for Children: <http://www.agendaforchildren.org/home.htm>

83 <http://www.qrsloisiana.org/>

84 Annie E. Casey Foundation Kids Count Data Center: <http://datacenter.kidscount.org/>. Retrieved June, 2009. US Census, 2007.

85 Afterschool Partnership For Greater New Orleans. <http://www.gnoafterschool.org/library/>. Retrieved February, 2009.

86 Miller, Beth, and The National Center for Summer Learning, in Afterschool Partnership for Greater New Orleans. Presentation: "Summer Program Research." <http://www.gnoafterschool.org/library/>. Retrieved February, 2009.



difficulty accessing programs in part due to lack of transportation, since most programs were not within students' own neighborhoods.<sup>87</sup> However, by June, 2009, the number of afterschool programs in operation had more than doubled to around 90, suggesting that a greater percentage of the population was being served.

A 2007 survey reported that afterschool program providers have difficulty paying workers competitive wages and lack access to appropriate facilities and equipment. Federal funding is available for state allocations to support afterschool programs; however, since 2004, the State of Louisiana has not drawn down the total amount of federal funding for afterschool programs that it is eligible to receive.<sup>88</sup>

The Afterschool Partnership for Greater New Orleans provides assistance in developing afterschool programs through grant funding, technical assistance, advocacy, and by providing a platform for collaboration.<sup>89</sup> The Afterschool Partnership also maintains an internet-based guide to afterschool resources.<sup>90</sup> According to the Partnership, in addition to more high-quality afterschool programs, a major need is to coordinate across the agencies and systems that serve youth to leverage limited public resources for expanded learning opportunities.<sup>91</sup>



IMAGE: GNO UNITED WAY

***Afterschool programs serve less than 25 percent of school-age children.***

***See also—Section 5: Public Safety and Criminal Justice (below) for more information on programs for at-risk youth.***

## 4. Senior Citizens

The New Orleans Council on Aging (NOCOA) estimates that as of December, 2008, there were approximately 45,000 seniors aged 60 and over living in New Orleans.<sup>92</sup> An estimated 16 percent of elderly residents in New Orleans are in need of health and supportive care. Seventy-five percent of those with Alzheimer's disease in New Orleans are being cared for primarily by family.<sup>93</sup>

In 2008, NOCOA conducted a needs assessment survey of its consumers and partner service providers. The survey found that the most frequently-requested services were: low-cost transportation assistance (to augment limited paratransit services provided by RTA), legal assistance, additional congregate meal service, and medication assistance (both informational and financial). NOCOA's 2010 plan includes goals to address these needs, including a plan to investigate reinstating a former transportation assistance program.

<sup>87</sup> Afterschool Partnership for Greater New Orleans. "Status Report: New Orleans Afterschool, January 2007." <http://www.gnoafterschool.org/library/>. Retrieved February, 2009.

<sup>88</sup> Afterschool Partnership for Greater New Orleans. "Policy Brief: Funding Map for New Orleans' Afterschool." Fall, 2008. [www.gnoafterschool.org](http://www.gnoafterschool.org). Retrieved February, 2009.

<sup>89</sup> Afterschool Partnership for Greater New Orleans. [www.gnoafterschool.org](http://www.gnoafterschool.org). Retrieved February, 2009.

<sup>90</sup> [www.neworleans.ilivehere.info](http://www.neworleans.ilivehere.info)

<sup>91</sup> Afterschool Partnership for Greater New Orleans. "Policy Brief: Funding Map for New Orleans' Afterschool Programs." Fall, 2008. <http://www.gnoafterschool.org/library/>. Retrieved February, 2009.

<sup>92</sup> New Orleans Council on Aging, 2009.

<sup>93</sup> New Orleans Council on Aging, in United Way for the Greater New Orleans Area. "Success for Children & Families: A Strategic Plan. Vision Council Recommendations, Data Compilation and Analysis, Best Practice Research: A Working Draft." December 8, 2008.

## LONG-TERM CARE

As of late 2007, there were 15 nursing homes operating in New Orleans (as opposed to 25 before Hurricane Katrina), and a total of 37 in the Greater New Orleans area, including Jefferson, St. Tammany, St. Bernard and Plaquemines Parishes (as opposed to 54 before Hurricane Katrina).<sup>94</sup> The DHH Office of Aging and Adult Services administers long-term care programs that serve aging adults and people with adult-onset disabilities and oversees a rehabilitation center in New Orleans, which serves elderly and disabled patients. Other long-term care facilities are privately operated.

## DAYTIME PROGRAMS

As of 2008, less than half of all pre-Hurricane Katrina senior centers had reopened.<sup>95</sup> In 2009, Catholic Charities opened the **Program for All-Inclusive Care for the Elderly (PACE) Center** with capacity to serve 96 individuals. PACE is a national program that offers a package of comprehensive services designed to allow the elderly to live independently at home, including daytime care, primary care, speech, occupational and physical therapy, full-service pharmacy and dental services, and in-home care.<sup>96</sup> Other senior activity and health centers are operated by NORD (2), DHH (1), NOCOA (2), and others.

- **NOCOA** provides information, assistance and outreach to seniors, family caregivers, and community providers, and offers low-cost dental services, congregate meals and “meals-on-wheels,” prescription and home maintenance assistance, a senior companion program and a volunteer placement program. In partnership with area nursing and pharmacy schools, NOCOA also provides health and prescription information to individual seniors and local senior centers. All New Orleans residents aged 60 and over are eligible for NOCOA’s services.
- **The New Orleans People Program** is a nonprofit membership organization for person 50 years old and over that provides recreational and educational courses and activities to its members. Courses span the subjects of exercise, computers, arts and crafts, music, and more, and all are offered at three New Orleans campus locations for \$125 per course.<sup>97</sup>

## 5. Public Safety and Criminal Justice

The issue of crime is a primary concern for many New Orleans residents, and one that affects numerous other elements of the city’s future success, including economic development, neighborhood revitalization, and quality of life in addition to public safety. In April, 2009, when asked which issue should be the first priority of New Orleans’ next mayor and City Council, the majority of residents surveyed focused on crime as their number one priority.<sup>98</sup> In 2008, while 71 percent of respondents said they felt “very safe” or “somewhat safe” in their neighborhoods, the same percentage said they found no or “not much” progress being made toward the goal of “[c]ontrolling crime and assuring public safety,” and more than half reported no or “not much” confidence in police protection.<sup>99</sup> A survey of New Orleans business owners conducted in October, 2007 revealed that crime was also their most important challenge (ahead of insurance, financing, and recovery progress).<sup>100</sup> Nor has the issue of crime in New Orleans escaped

94 Webster, Richard A. “New Orleans is Younger after Loss of Seniors: Elderly Challenged to Live With Fewer City Services, Less Care.” *New Orleans City Business*, November 5, 2007.

95 New Orleans Council on Aging, in United Way for the Greater New Orleans Area. “Success for Children & Families: A Strategic Plan. Vision Council Recommendations, Data Compilation and Analysis, Best Practice Research: A Working Draft.” December 8, 2008.

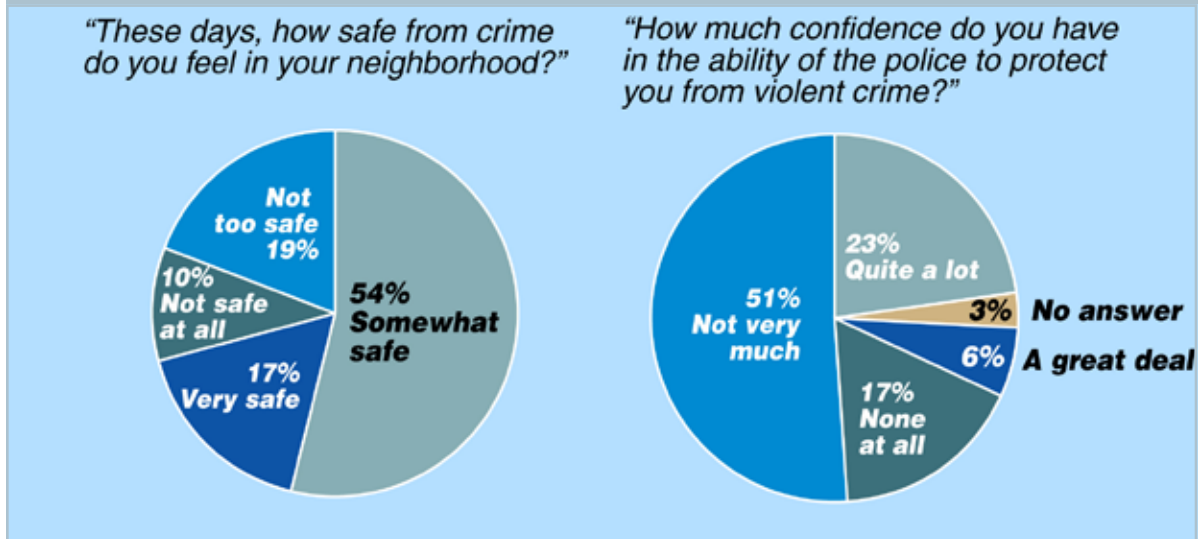
96 Webster, Richard A. “New Orleans is Younger after Loss of Seniors: Elderly Challenged to Live With Fewer City Services, Less Care.” *New Orleans City Business*, November 5, 2007.

97 New Orleans People Program: [www.peopleprogram.org](http://www.peopleprogram.org). Retrieved September, 2009.

98 Kaiser Family Foundation. “New Orleans Three Years after the Storm: The Second Kaiser Post-Hurricane Katrina Survey, 2008.” Appendix: Chart-pack. August 2008.

99 *Ibid.*

100 Lam, Nina S., N., Kelley Pace, Richard Campanella, James LeSage, Helbert Arenas. “Business Return in New Orleans: Decision Making Amid Post-Hurricane Katrina Uncertainty.” Available at: <http://www.plosone.org/article/info%3Adoi%2F10.1371%2Fjournal.pone.0006765>. Retrieved August, 2009.

**FIGURE 8.4: SECURITY STILL AN IMPORTANT ISSUE FOR NEW ORLEANS RESIDENTS, MOST HAVE LITTLE CONFIDENCE IN POLICE PROTECTION**

SOURCE: HENRY J. KAISER FAMILY FOUNDATION. NEW ORLEANS THREE YEARS AFTER THE STORM: THE SECOND KAISER POST-HURRICANE KATRINA SURVEY, 2008

national attention: In 2008, CQ Press ranked New Orleans as the worst of 397 U.S. cities for crime, based on combined rates of per capita murder, rape, robbery, aggravated assault, burglary, larceny-theft, and motor vehicle theft.<sup>101</sup>

## CRIME PREVENTION

### New Orleans Police Department (NOPD).

Since Hurricane Katrina, many stakeholders cite NOPD's inadequate funding and resources as a major impediment to reducing crime in New Orleans. In response to this concern, the City's 2009 budget increases funding for police officers to above pre-Hurricane Katrina levels with the goal of reaching 1,700 officers in 2009 and increasing officer compensation to nationally-competitive wages.<sup>103</sup> The NOPD's strategic plan, published in 2007, places increased emphasis on Community Policing, a philosophy of crime reduction that operates through partnerships with neighborhood and community-based organizations in order to identify and address issues of crime, and which case studies have shown to be effective in addressing the root causes of criminal activity. The 2007 plan also calls for additional police satellite offices to ensure greater police visibility and strengthen relations with the community.<sup>104</sup> **(More information about police and emergency infrastructure can be found in Chapter 10—Community Facilities, Services and Infrastructure.)**

The New Orleans Police and Justice Foundation is a nonprofit organization dedicated to supporting the city's criminal justice system, and offers housing subsidies, recruiting support, tuition assistance, and other support to members of NOPD.<sup>105</sup>

### Other Crime Prevention Initiatives.

Numerous additional innovative and community-based crime prevention programs operate throughout the

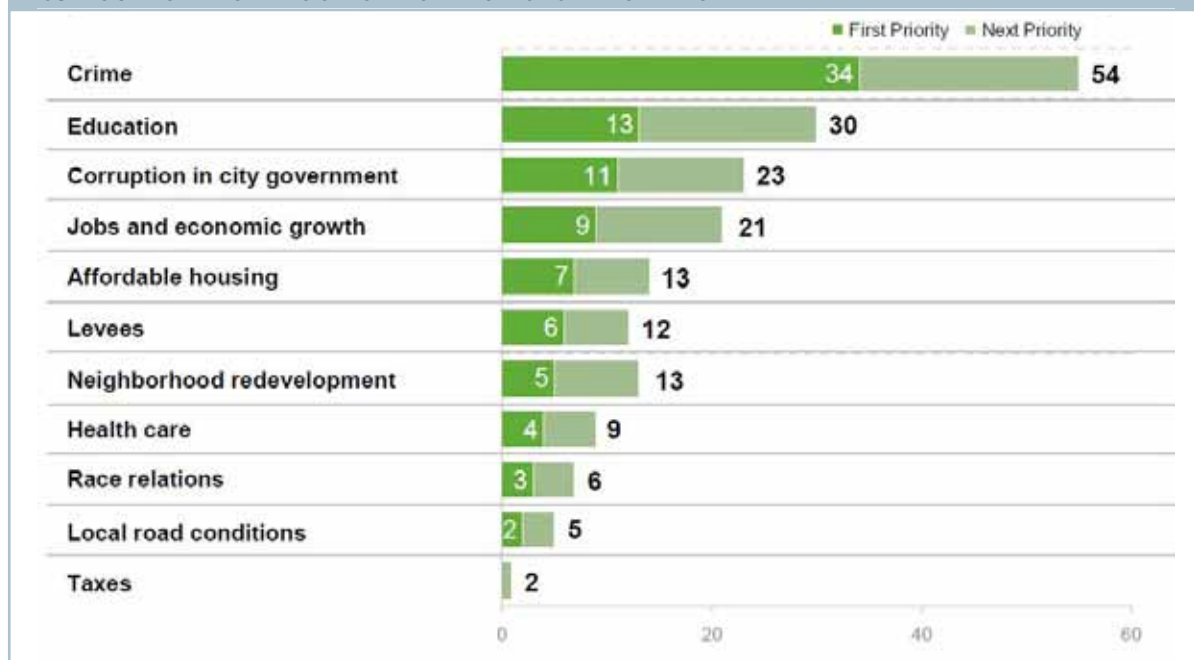
101 CQ Press City Crime Rankings report: <http://os.cqpress.com/citycrime2008/citycrime2008.htm>. Retrieved February, 2009.

102 Brown Group International. "A Strategic Plan of Action for the New Orleans Police Department." July, 2007. Available at: <http://cityofno.com/pg-50-120-brown-group-international.aspx>.

103 City of New Orleans 2009 adopted budget. [www.cityofno.com](http://www.cityofno.com). Retrieved June, 2009.

104 Brown Group International. "A Strategic Plan of Action for the New Orleans Police Department." July, 2007. Available at: <http://cityofno.com/pg-50-120-brown-group-international.aspx>.

105 New Orleans Police and Justice Foundation: <http://www.nopjf.org/>.

**FIGURE 8.5: RESIDENTS' VIEWS OF TOP PROBLEMS FACING NEW ORLEANS<sup>105</sup>**

Note: Responses totalling less than 4 percent not shown

SOURCE: TULANE UNIVERSITY/DEMOCRACY CORPS. "MAYORAL SURVEY—NEW ORLEANS POLITICAL LANDSCAPE." APRIL 23, 2009. [HTTP://WWW.DEMOCRACYCORPS.COM/WP-CONTENT/FILES/TULANE-DEMOCRACY-CORPS-SURVEY-ANALYSIS.PDF](http://www.democracycorps.com/wp-content/files/tulane-democracy-corps-survey-analysis.pdf)

city at both the city-wide and neighborhood levels. These include:

- **Citizen Crime Watch:** a website that compiles, publishes, and maps crime statistics in New Orleans and makes this information publicly-available to increase public awareness of current crime-related issues.<sup>106</sup>
- **New Orleans Gun Buy-Back program:** a coalition of religious, civic and business leaders working with the NOPD to remove firearms from streets by securing funds from the private sector to pay a cash stipend to citizens for turning in a working firearm.
- **Horns for Guns:** a variation on the gun buy-back program which offers free musical instruments in exchange for firearms.
- **Neighborhood Watch programs and National Night Out Against Crime<sup>107</sup>**
- More than 20 **neighborhood security and improvement districts**, where residents assess a fee within a given neighborhood boundary to fund private security services.

## CRIMINAL JUSTICE SYSTEM

In 2009, Louisiana had the highest incarceration rate in the nation, with one in 55 residents behind bars and one in 26 adults under correctional control (including parole and probation), at a cost of more than \$625 million annually.<sup>108</sup> In 2008 the state also had a high rate of detained and committed youth aged 10–15 as compared with the national average (149 per 100,000 youth, compared with 125 nationally),<sup>109</sup> and the cost of detaining a juvenile offender in Louisiana was more than \$115,000 annually, compared to

<sup>106</sup> Citizen Crime Watch: [www.citizencriminewatch.org](http://www.citizencriminewatch.org).

<sup>107</sup> Neighborhood Watch: <http://www.nationaltownwatch.org/nno/about.html>.

<sup>108</sup> Pew Center on the States. "One in 31: The Long Reach of American Corrections." March, 2009. [http://www.pewcenteronthestates.org/report\\_detail.aspx?id=49382](http://www.pewcenteronthestates.org/report_detail.aspx?id=49382). Retrieved June, 2009.

<sup>109</sup> Annie E. Casey Foundation. "2008 KidsCount Data Book". [http://www.kidscount.org/datacenter/db\\_pdf\\_08.jsp](http://www.kidscount.org/datacenter/db_pdf_08.jsp).



\$70,000 in Florida, \$85,000 in Alabama, and \$34,000 in Arkansas.<sup>110</sup>

Criminal justice operations in New Orleans are divided between state, parish, and city jurisdictions. The City of New Orleans operates the District Attorney's office; the Criminal, Traffic, Juvenile, and Municipal courts; and the Criminal Sheriff's office, which manages the Orleans Parish Prison. As of 2009, Orleans Parish Prison was the nation's 8th largest correctional facility<sup>111</sup> and had the eighth-highest prisoner death rate of all correctional institutions nationwide.<sup>112</sup>

Through the Department of Human Services, the City also operates the Youth Study Center, a facility used to house youth awaiting adjudication. Since reopening in 2006, the Youth Study Center has experienced an increase in admits from 247 in 2006 to a projected total of 544 in 2008. In 2009, the Center plans to increase its capacity from 32 to 50 beds.<sup>113 114</sup>

The Louisiana Department of Public Safety and Corrections (DPSC) operates criminal justice programs and facilities and has an office in New Orleans. Youth who are adjudicated delinquent are assigned to the care of the DPSC's Office of Juvenile Justice (OJJ), which operates secure facilities throughout the state and provides parole and probation supervision for youth.<sup>115</sup> In 2007, there were 179 children in the city of New Orleans under the supervision of the OJJ.<sup>116</sup>

DOC also operates 13 correctional facilities for adults throughout the state as well as parole and probation programs for adults. Inmate population in the state's adult facilities increased by 16.7 percent from 1998 to 2008 and is projected to rise 11.9 percent from 2008 to 2018.

In 2009, the New Orleans Police and Justice Foundation was in the process of developing an information sharing system called OPISIS (Orleans Parish Information Sharing and Integrated System) to help coordinate information sharing among the city's disparate criminal justice entities, including:

- Orleans Parish Criminal Sheriff
- Orleans Parish District Attorney
- Orleans Parish Criminal District Courts
- New Orleans Office of Homeland Security
- Orleans Parish Indigent Defender Program
- New Orleans Police Department
- New Orleans Police and Justice Foundation<sup>117</sup>

### Community Corrections.

Alternatives to traditional sentencing, also known as community corrections programs, have been shown to significantly reduce the costs of administering criminal justice while also reducing recidivism among non-violent and juvenile offenders. Roughly a third of juvenile offenders in detention are status offenders—youth whose actions are considered delinquent because of their minor (usually under age 18) status.<sup>118</sup> Detention alternatives cut costs by reducing unnecessary detention of non-violent and status offenders,

110 Associated Press. "Louisiana Lawmakers Question Youth Prison Costs." April 21, 2009. <http://www.nola.com/politics/index.ssf/2009/04/louisiana-lawmakers-question-y.html>. Retrieved June, 2009.

111 Orleans Parish Criminal Sheriff's Office: [http://www.opcso.org/index.php?option=com\\_content&view=article&id=145:sheriff-marlin-n-gusman&catid=81:about-sheriff-marlin-n-gusman&Itemid=197](http://www.opcso.org/index.php?option=com_content&view=article&id=145:sheriff-marlin-n-gusman&catid=81:about-sheriff-marlin-n-gusman&Itemid=197). Retrieved February, 2009.

112 Maggi, Laura. "Death Rate at Orleans Parish Prison Ranks Near Top." The Times-Picayune, February 7, 2009.

113 City of New Orleans 2009 Adopted Operating Budget. [www.cityofno.com](http://www.cityofno.com).

114 Ibid.

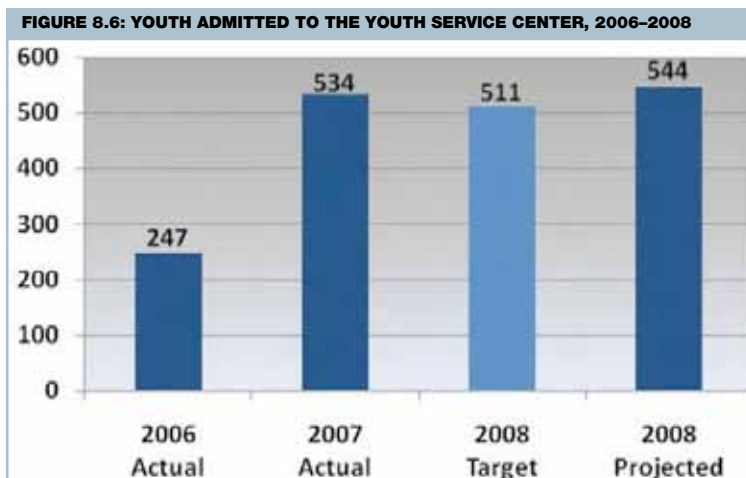
115 Louisiana Office of Juvenile Justice: <http://ojj.la.gov/index.php>.

116 Kids Count Data Center: <http://datacenter.kidscount.org/data/bystate/stateprofile.aspx?state=LA&loc=3255>. Retrieved June, 2009.

117 New Orleans Police and Justice Foundation: <http://www.nopjf.org/>.

118 Office of Juvenile Justice and Delinquency Prevention, Juvenile Offenders and Victims: 2006 National Report, Washington, DC, 2006.

freeing up public funding that can be spent on more effective, less costly supervision and rehabilitation programs. One study found that the cost of keeping an offender behind bars was nearly \$40 per day, versus \$2.7 for those on probation or parole.<sup>119</sup> For New Orleans, reducing reliance on incarceration presents an opportunity to reduce cost burdens, increase public safety, and also reduce the infrastructural burden on the city to accommodate growing criminal justice facilities complexes. (For further discussion of criminal justice facilities plans, **see Chapter 10—Community Facilities, Services, and Infrastructure.**)



SOURCE: NEW ORLEANS POLICE AND JUSTICE FOUNDATION: [WWW.NOPJF.ORG/](http://WWW.NOPJF.ORG/).

**Since reopening in 2006, the Youth Study Center has experienced increased admits. In 2008, the cost of detaining a juvenile offender in Louisiana was more than \$115,000 annually.**

The Office of Juvenile Justice has led the way in community corrections in Louisiana. For more than a decade, OJJ has grounded its operations in a policy of community-based programming and reduced reliance on detention. Regional offices in partnership with local providers offer a range of services including counseling, alternative schools, day treatment, and mentorship programs for youth who are part of the state system. OJJ also offers prevention and diversion programs to all youth in the community.<sup>120</sup>

The Orleans Parish Drug Court is another existing community corrections program which combines community-based treatment and educational components, incentives, and regular supervision by a judge. Drug court programs have been shown to be extremely effective in reducing criminal behavior.<sup>121</sup> The Drug Court typically serves around 55 clients at a time and is funded by the state Supreme Court. The District Attorney's office also operates a Diversion Program which provides an alternative to prosecution for eligible non-violent offenders, including drug rehabilitation and monitoring. The program is currently staffed by four counselors/social workers and plans to serve 260 offenders per month in 2009.<sup>122</sup> Additional community corrections programs are in demand for both adults and youth in New Orleans. Area criminal justice professionals state the lack of mental health care and rehabilitative services as a serious impediment to effective treatment of juvenile offenders.

### Justice System Reform.

In spring 2007, at the request of the New Orleans City Council, Vera Institute of Justice proposed several initiatives to make the city's criminal justice system more fair and effective based on national best practices. These recommendations led to the formation of the Criminal Justice Leadership Alliance (CJLA), an unprecedented coalition of City Council, local criminal justice agencies, judiciary, civic and community organizations, and foundation partners focused on resolving systemic justice challenges.

CJLA members have pledged to implement the following criminal justice reform goals:

- Develop a wider range of pretrial options.

119 The Pew Center on the States. "Getting in Sync: State-Local Fiscal Partnerships for Public Safety." July, 2008. [www.pewcenteronthestates.org](http://www.pewcenteronthestates.org). Retrieved June, 2009.

120 Louisiana Office of Juvenile Justice: [www.ojj.la.gov](http://www.ojj.la.gov).

121 National Association of Drug Court Professionals. <http://www.nadcp.org/whatis/>. Retrieved June, 2009.

122 City of New Orleans 2009 Adopted Operating Budget. [www.cityofno.com](http://www.cityofno.com).

- Make swifter charging decisions following arrest.
- Expand community service sentencing for state offenses.
- Expand the use of substance abuse and mental health treatment.
- Expand the use of citations for municipal offenses.
- Make maximum use of community-based resources to promote pre- and post-arrest diversion to treatment.
- Develop more appropriate and cost-effective sanctions for municipal offenses, incorporating a community-based approach.<sup>123</sup>

In spring 2009, CJLA began to implement these initiatives.

There are also several citizen-based initiatives to reform the justice system in New Orleans and throughout the state. They include:

- **Court Watch New Orleans:** a nonprofit organization that uses resident volunteers to attend and compile information on court cases heard in the New Orleans criminal justice system to increase the transparency of criminal justice processes.<sup>124</sup>
- **Friends and Families of Louisiana's Incarcerated Children:** a statewide, membership organization dedicated to creating a better life for all of Louisiana's youth, especially those who are involved, or at risk of becoming involved in the juvenile justice system.<sup>125</sup>
- **The Juvenile Justice Project of Louisiana (JJPL):** a statewide nonprofit that works to improve the conditions of youth detention facilities, reduce suspensions and expulsions from schools, advocates for fair and just adjudication and alternatives to incarceration, and undertakes numerous other activities to prevent youth incarceration and promote a just and effective juvenile justice system.<sup>126</sup>
- **Juvenile Regional Services (JRS):** the organization of public defenders for Orleans Parish Juvenile Court, who represent all indigent youth in delinquency cases in New Orleans.<sup>127</sup>
- **Youth Empowerment Project:** A nonprofit organization founded by former members of JJPL (*see above*) that provides intensive case management, mentoring, and educational services to at-risk New Orleans youth, including community reintegration for youth returning home from correctional institutions.<sup>128</sup>

## B What The Public Said

Previous plans for New Orleans placed top priority on the following concerns:

The Health and Social Services Committee of the Bring New Orleans Back Plan—composed of several local experts and practitioners as well as consumers and other residents—recommended: Delivering primary care, mental and behavioral health care, community outreach, and preventative care through neighborhood-based community health centers; establishing a system of collaborative, cross-sector, neighborhood-based human service delivery; using technology—such as coordinated intake and referral systems—to improve coordination between the health care and social services sectors; and establishing

<sup>123</sup> Vera Institute of Justice: <http://www.vera.org/otherwork/nop.html>. Retrieved June, 2009.

<sup>124</sup> [www.courtwatchnola.org](http://www.courtwatchnola.org)

<sup>125</sup> <http://www.jjpl.org/FamilyAndCommunityResources/FamiliesAndFriends/familiesandfriends.html>

<sup>126</sup> [www.jjpl.org](http://www.jjpl.org)

<sup>127</sup> [www.jrsla.org](http://www.jrsla.org)

<sup>128</sup> <http://www.youthempowermentproject.org/>

citywide collaborative of health care providers and of social service providers. The Unified New Orleans Plan (UNOP) and Neighborhood Rebuilding (Lambert) plans expressed several recurring priorities with respect to health and human services, including: improving public safety reforming the criminal justice system and providing more effective alternatives to detention for youth; improving access to health care in underserved areas by providing more health care facilities and better transportation; rebuilding hospitals and emergency facilities; and providing more programming for seniors and youth. UNOP plans also recommended shared-use community facilities that would make use of schools and other publicly-accessible locations to provide health, social, and community services and benefits to area residents.

During the Master Plan process, New Orleans residents reiterated health and human services goals found in previous plans, and emphasized other points as well:

- Give top priority to crime prevention.
- Increase emergency services, including hospitals, police, and fire.
- Provide neighborhood-based health centers or clinics in all areas of the city.
- Provide more programs and facilities for youth, including after school programs.
- Provide more services for seniors.
- Provide more day care and early childhood programs.
- Provide more services for the homeless.